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CHAMPVA POLICY MANUAL

CHAPTER: 3
SECTION: 5.7
TITLE: (HOME HEALTH) SKILLED NURSING REIMBURSEMENT

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.2 and 199.4(c)

I. EFFECTIVE DATE

September 27, 1995

II. PROCEDURE CODE(S)

A. CPT codes 99341-99350

B. HCPCS Level II Code: G0154

III. DEFINITIONS

A. A skilled nursing service is a service that can only be furnished by a registered nurse (RN), licensed practical nurse (LPN), or licensed vocational nurse (LVN), and is required to be performed under the supervision of a physician to ensure the safety of the patient and achieve the medically desired results. Skilled nursing services are other than those services that provide primarily support for the activities of daily living or that could be performed by a layman with minimum instructions or supervision. For example, nonmedical people without direct nursing supervision can safely perform the pre-filling of insulin syringes. Therefore, teaching how to pre-fill the syringe would be skilled, but pre-filling the syringes on an ongoing basis would not be skilled. A service is not considered a skilled nursing service merely because it is performed by or under the direct supervision of a licensed nurse.

B. An in-home intermittent skilled nursing visit is an all-inclusive unit of service and is reimbursed on a per visit basis. Intermittent skilled nursing services means any number of visits per week for three consecutive hours or less per day.

C. A part-time skilled nursing service means any number of visits per week, up to and including 28 hours per week, for four hours per day.

IV. POLICY

A. Skilled nursing services may be cost shared provided ALL of the following conditions are met:

1. The **medically necessary and appropriate** services are ordered by the physician and included in the established treatment plan.
2. The services are required due to documented homebound status. Lack of transportation services does not indicate homebound status.

3. The services require the skills of an RN or the services of an LPN or LVN, **who is under the supervision of an RN.**

4. Detailed daily nursing notes must be maintained for all skilled nursing services. If medical documentation does not support a skilled level of care, the claim will be denied.

B. All home health skilled nursing visits must be **clinically** reviewed. The following documentation may be requested to support **payment of skilled nursing** services:

- a. **certificate of medical necessity;**
- b. **nursing notes;**
- c. **discharge summary; and**
- d. **treatment plans and /or physician orders.**

5. **The documentation should include current medical status, medical equipment required, estimated period of in-home services and charges. Approval is based on the complexity of care, the unique medical and social condition of the patient, the overall safety and well-being of the patient, and cost containment.**

C. Part-time skilled nursing services may be reimbursed on an hourly basis if the documentation supports the duration of care needed as determined by clinical review; or services may be reimbursed by individual visits. Additional hours (over the 28 hours/week or more than 4 hours per day) may be approved after clinical review determines the care to be medically necessary.

D. Claims for skilled nursing services (home health) are paid using the CHAMPVA Maximum Allowable Charge (CMAC) payment methodology (see [Chapter 3, Section 5.1, Outpatient and Inpatient Professional Provider Reimbursement](#)).

E. Where time records of home health visits are unavailable or found to be inaccurate, the reimbursement rate is based on the intermittent visit rather than actual hours of services rendered.

F. Additional reimbursement is allowed for necessary medical and surgical supplies. These charges must be itemized for proper reimbursement.

G. If the provider bills at a higher level visit than what is indicated on the daily notes, the claim should be down coded according to the above guidelines.

V. POLICY CONSIDERATIONS

Home mental health nursing services are allowed when the beneficiary's psychiatric illness is manifested in part by refusal to leave home or is of such nature that it would not be considered safe for the beneficiary to leave home unattended, even if no physical limitations are present. Mental health nursing services are subject to the same criteria and to the same reimbursement provisions and applicable cost sharing amounts described within the paragraph IV. Policy.

VI. EXCLUSIONS

A. Custodial care or homemaker services. [38 CFR 17.272(a)(10)(55)]

B. Care provided by a non-licensed caregiver such as patient care attendants, and home health aides, even if they are certified. [38 CFR 17.272(a)(55)]

C. Care or services provided by a member of the beneficiary's immediate family or a person living in the beneficiary's or sponsor's household. [38 CFR 17.272(a)(15)]

D. Telephonic services including those provided by nurses as a case management service. [38 CFR 17.272(a)(46)(75)]

END OF POLICY